

I. Name of Lobbyist(s) _____

Melissa E Gates

STATE OF NEW HAMPSHIRE 2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 2 4 2019

PLEASE PRINT NEW HAMPSHIRE DEPARTMENT OF STATE

Committee Comm	Surfrider Foundation					
Composition	(Name o	of partnership, firm or cor	poration)			
Commail	NE Regional HQ, POB 1662		Rockland	ME		04841
(Telephone) (Fax) III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date relative to the following client: Swifider Foundation (Full Name of Client as it appears on the Lobbyist Registration Form) OR All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which intellected to any particular client. V. Date of Report April 24, 2019 V. Date of Report April 24, 2019 October 30, 2019 October 30, 2019 January 29, 2020 activity from 10/1/19 to 12/31/19 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office. State House, Room 204. Concord. NH 03301. VI. Check if additional reports are attached: If you have received fees or made expenditures, you must file Addendum A – Fees and Expenses If you have paid an honorarium or reimbursed expenses, you must file Addendum B – Report of Honorariums or expense Reimbursement If you, your firm, or your family has made political contributions, you must file Addendum C – Political Contributions of the best of my knowledge and belief. October 30, 2019 (Signature of lobbyist) Meltsas E Gates	Business Address: (Street)	(Town/City)	(State	2)	(Zip Code)
(Telephone) (Fax) (Telephone) (Telephone) (Telephone) (Telephone) (Telephone) (Telephone) (Telephone) (Telephone) (Telephone) (Full Name of Client as it appears on the telephone to the reporting date relative to the following client: Surfider Foundation (Full Name of Client as it appears on the Lobbyist Registration Form) (Full Name of Client as it appears on the Lobbyist Registration Form) (Full Name of Client as it appears on the Lobbyist Registration Form) (Full Name of Client as it appears on the Lobbyist Registration Form) (Full Name of Client as it appears on the Lobbyist Registration Form) (Full Name of Client as it appears on the Lobbyist Registration Form) (Full Name of Client as it appears on the Lobbyist Registration Form) (Full Name of Client as it appears on the Lobbyist Registration Form) (Full Name of Client as it appears on the Lobbyist Registration Form) (Full Name of Client as it appears on the Lobbyist Registration Form) (Full Name of Client as it appears on the Lobbyist form) (Full Name of Client as it appears on the Lobbyist form) (Full Name of Client as it appears on the Lobbyist form 4/1/19 to 46/40/19 (Full Name of Client as it appears on the Lobbyist form 4/1/19 to 46/40/19 (Full Name of Client as it appears on the Lobbyist form 4/1/19 to 46/40/19 (Full Name of Client as it appears on the Lobbyist form 4/1/19 to 46/40/19 (Full Name of Client as it appears on the Lobbyist form 4/1/19 to 46/40/19 (Full Name of Client as it appears on the Lobbyist form 4/1/19 to 46/40/19 (Full State Foundation Form) (Full Name of Client as it appears on the Lobbyist form 4/1/19 to 46/40/19 (Full Name of Client as it appears on the Lobbyist form 4/1/19 to 46/40/19 (Full Name of Client as it appears on the Lobbyist form 4/1/19 to 46/40/19 (Full Name of Client as it appears on the Lobbyist form 4/1/19 to 46/40/19 (Fu	() 207-706-6378			o mail	mgates@surfrider.org	
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October 30, 2019	☐ All reportable transact	• •	cluding the lobb	oyist's family), or the	lobbying firm	listed below which
October 30, 2019	- · · · · · · · · · · · · · · · · · · ·		20140	· · · · · · · · · · · · · · · · · · ·		
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(Signature of lobbyist) Melissa E Gates 4-23-19 (Datc)	I have read RSA 15, RSA	15-B, RSA 14-C and		reby swear or affirm	that the forego	ing information is t
(Signature of lobbyist) (Date) Melissa E Gates	•			400 40		
Melissa E Gates		<u> </u>		4-23-19	(Date)	
	(Signature of loodyist)				(Date)	

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Melissa E Gates						
II. Name of lobbyist's partnership, firm or corporation, if any:						
Surfrider Foundation						
(Name of partnership, firm or corporation)						
III. Name of Client	Date					
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations service					
a) Total of all fees received in this reporting period	a) \$ <u>3,676.92</u>					
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)						
c) Total of all fees received to date (Add lines a and b)	c) \$					
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$					
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses pair aggregate total of all expenses; (b) the aggregate total of all expenses; (b) that is given to the person and with a value of \$25.00 or less); and or ting period of greater than \$25.00 for the of greater than \$25, purchase of er than \$25, but not greater than \$50, expense reimbursement, or political					
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ _3,676.92					
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$					
a) Total of all itemized expenditures reported in detail in section VI	c) \$					

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from 1 period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	. \$
	\$
	\$
	\$
,	
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief.	m that the foregoing information
ner E. J.	
(Signature of lobbyist)	4-23-19 (Date)
	(wate)
Melissa E Gates	
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying par	tnership, firm, or corpo	oration: Surfrider Foundation	
		• • • • •	corporation and not related to any
particular client):			
Date of Report (check	one):		
April 24, 2019 🖸	July 31, 2019 🗆	October 30, 2019 □	January 29, 2020 □
="			nd Expenses described above, and umber of Addendum forms being
Addendum A(s).		
Addendum B(3).		
Addendum C(s	s).		
	m that the foregoing in my knowledge and bel		nt and each Addendum is true and
(Signature of lobbyist)			(Date)
Melissa E Gates			÷
(Print Name of lobbyis	it)		